

# Best Available Copy

MULTIPLE DEPEN CLAIM FEE CALCULATION SHEET (FOR USE WITH FO PTO-875)						SERIAL NO. <b>10/573201</b>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						100							
TOTAL IND.	2	↓			↓								
TOTAL DEP.		↔		↔		↓							
TOTAL CLAIMS	2	████████		████████	████████		████████		████████		████████		